

FILED OCT 14 1969

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 394

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST JOE GILBERT BURCHAM			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 22, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE		AGE—(LAST BIRTHDAY) (YEARS) Mo. 69	UNDER 1 YEAR MOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) OCT 27, 1899	
CITY, TOWN, OR LOCATION OF DEATH FARMINGTON - MO		INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) COMMUNITY HOSP. FARMINGTON-MO.		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) MO.		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) TESSEREAU - FLORA BURCHAM.
SOCIAL SECURITY NUMBER 497-03-8234		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) LABORER		KIND OF BUSINESS OR INDUSTRY LABORER.	
RESIDENCE—STATE COUNTY MO. ST. FRANCOIS		CITY, TOWN, OR LOCATION ESTHER		INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	STREET AND NUMBER 707 LINCOLN ST.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST FRANKLIN BURCHAM			MOTHER—MAIDEN NAME FIRST MIDDLE LAST ABERNATHY ELLEN BURCHAM.		
INFORMANT—NAME MRS FLORA BURCHAM			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 707 LINCOLN ST. ESTHER-MO 63601		

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Ca. Prostate DUE TO, OR AS A CONSEQUENCE OF:		2 yr
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) 19a **NO** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. July 69 TO 9-22-69		AND LAST SAW HIM/LIVE ON 21c. 9-22-69	DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. NOT	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. HA
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				
CERTIFIER—NAME (TYPE OR PRINT) 23a. A. Karraker, M.D.		SIGNATURE 23b. <i>A. Karraker MD</i>	DEGREE OR TITLE M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23c. 9/25/69
MAILING ADDRESS—CERTIFIER 23d.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Farmington MO 63640		

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY—NAME 24b. WOODLAWN GEM.	LOCATION CITY OR TOWN STATE 24c. LEADINGTON. MO
DATE (MONTH, DAY, YEAR) 24d. SEPT 25, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. CALDWELL FUNERAL HOME - 711 E MAIN ST. FLAT RIVER-MO.	
FUNERAL DIRECTOR—SIGNATURE 25b. <i>David P. Caldwell.</i>	REGISTRAR—SIGNATURE 26a. <i>Eather Mathews.</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. Oct. 11, 1969

9. 0
10a. 69
10b.
11. 0
12. 1
13. 185X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

OCT 15 1969

Burial Permit issued Sept. 25, 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address The Pine, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.